

## Application Data Sheet

### **Application Information**

Application number:: 09/724,953  
Filing Date:: 11/28/00  
Application Type:: Regular  
Subject Matter:: Utility  
Sequence Submission:: Yes  
Computer Readable Form (CRF):: Yes  
Number of copies of CRF:: 1  
Title:: PREVENTION AND TREATMENT OF  
AMYLOIDOGENIC DISEASE  
Attorney Docket Number:: 15270J-005913US

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application <u>09/585,817</u>	Continuation of nonprovisional of	09/585,817 60/134,010	06/01/00 06/01/99
<u>09/585,817</u>	<u>An application claiming the benefit under 35 USC 119(e)</u>	<u>60/134,010</u>	<u>06/01/99</u>
<u>This Application</u> <u>09/585,817</u> <u>09/580,015</u> <u>09/322,289</u> <u>09/201,430</u>	<u>Continuation</u> <u>Continuation-in-part of</u> <u>Continuation-in-part of</u> <u>Continuation-in-part of</u> <u>An application claiming the benefit under 35 USC</u>	<u>09/585,817</u> <u>09/580,015</u> <u>09/322,289</u> <u>09/201,430</u> <u>60/080,970</u>	<u>06/01/00</u> <u>05/26/00</u> <u>05/28/99</u> <u>11/30/98</u> <u>04/07/98</u>

119(e)

09/201,430      An application claiming      60/067,740      12/02/97  
the benefit under 35 USC  
119(e)

**Assignee Information**

Assignee Name:: Neuralab Limited  
Street of mailing address:: 102 St. James Court  
City of mailing address:: Flatts, Smiths  
State or Province of mailing address::  
Country of mailing address:: Bermuda  
Postal or Zip Code of mailing address:: FL 04